Tennessee Board of Nursing

Position Statements

Revised and Reaffirmed December 2001
Revised April 2002
Revised September 2004
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POSITION STATEMENT BY THE BOARD

CGFNS
10/18/79
revised
1999
reaffirmed 12/01

The following action on motion of Mrs. Archer with a second by Sister Marie was carried relating to the requirement of Commission on Graduates of Foreign Nursing School's Certificate for foreign nurses and related steps in its implementation:

Tennessee Board of Nursing will accept the Certificate issued by the Commission on Graduates of Foreign Nursing Schools as evidence of the required education qualifications in lieu of individual transcripts and records from foreign nurse graduates.

If the nursing education program was in a foreign country, the Tennessee Board of Nursing will require applicants for licensure after January 1, 1957 to provide to the Board the Certificate issued by the Commission on Graduates of Foreign Nursing Schools prior to being made eligible to write the licensing examination.

Requests for licensure information as applies to graduates outside the U.S.A. or its territories after January 1, 1957 will be referred to:

> Commission on Graduates of Foreign Nursing Schools
> 3600 Market Street, Suite 400
> Philadelphia, PA 19104-2651
>
> Telephone (212) 222-8454

Based on Exam requirement Rules – R.N. 1000-1-.01

> (5) Foreign Nurses. Nurses educated in a country outside of the U.S. or its jurisdiction, whether or not licensed in another country must apply for licensure by attaining the acceptable score on the State Board Test Pool Examination provided the applicant graduate after January 1, 1957. Individuals graduating prior to January 1, 1957 will be considered on an individual basis.
>
> (b) When the Board has reasonable doubt of an applicant's ability to comprehend the English language to a degree sufficient to permit him to discharge his duties as a nurse in this state with safety to the public, the Board may require him to pass an examination to demonstrate such ability.

Foreign Educated and Licensed

Effective January 1, 2000, foreign educated nurses, including Canadian educated, will be required to successfully complete the licensing examination for eligibility for licensure as a professional or practical nurse.

Canadian R.N.'s
10/18/79
revised
1995
reaffirmed 12/01

Motion made by Mrs. Archer that within the terminology of the Department of Justice's Immigration and Naturalization Service, Canadian registered nurses writing the CNATS, with a minimum score of 400, English version between August 1971 and August 1995 will be considered as those R.N.'s from U.S. schools, eligible for licensure by endorsement.

Clinical Ratio
reaffirmed 12/01

Rule 1000-1-.07(2)(c) states as follows:

The number of faculty is adequate to meet the purposes and objectives of the program. The clinical ratio (faculty: student) support the standards for quality teaching and patient safety.

The board's policy is to interpret this rule so as to limit the clinical ratio (faculty: student) in the health care facility to meet facility standards, which shall in no case exceed 1:10.

Administration of Medications
8/12/75
reaffirmed 12/01

Mrs. Heins moved that the Tennessee Board of Nursing support and interpret the Tennessee Nurse Practice Act as specifically delegating medication administration to licensed personnel; the Registered Nurse and the Licensed Practical Nurse. The purpose of the Act is to safe-guard life and health of the citizens of the State and in that view alone. It was noted that the administration of medication requires knowledge and skills as follows:

1. Complexities of present day drugs involve calibration and computation based on high level aptitude, ability, training and knowledge.

2. Medication administration involved more than "giving" a drug in that the effects and responses to the medication, drug-drug interaction, drug-food interaction and reaction, call for continuous aooegoment, observation and decision making by the licensed R.N. and L.P.N. involved.

Therefore, the Tennessee Board of Nursing will not approve a program for unlicensed persons to administer medication since such would reduce the quality of care which exists and may lower standards as recognized. Motion seconded by Mr. Oden. Motion carried.

POSITION STATEMENT BY THE BOARD

Task Force of
Nursing Homes
7/20/79
Reaffirmed 12/01

Motion made by Mrs. Dickerson that the Tennessee Board of Nursing go on record to whomever it may concern:

> Tennessee Board of Nursing supports only licensed personnel administering medications in nursing homes.

Seconded by Mrs. Pilcher. Carried

Administration of Medications Unlicensed Personnel June, 1993 Reaffirmed 12/01	C. Conway-Welch moved and seconded by M. Harvey to by continue to support the board's longstanding position that is a violation of the Nurse Practice Act for unlicensed personnel to administer medications 7 – yes Carried

Medication Self Administration Policy
September, 1995
Reaffirmed 12/01

The board requested the Department of Health to address the board's expressed concerns relative to the school nurse issue and provide information prior to the December meeting.

C. Conway-Welch moved and seconded by M. Harvey to adopt the following medication self administration policy:

It is the position of the Board of Nursing that providing assistance in the self administration of medications by unlicensed personnel in the school setting under the following circumstances does not constitute the unlawful practice of nursing:

1. The student is competent to self administer the authorized and/or prescribed medication with assistance.

2. The student's condition for which medication is authorized and/or prescribed is stable.

3. The administration of the medication is properly documented.

4. Guidelines for "The Assistance in the Self Administration of Authorized and/or Prescribed Medication by Unlicensed Personnel in the School Setting" consistent with the National Association of School Nurses are developed and followed.

POSITION STATEMENTS BY THE BOARD

Nasogastric Tube Feedings By Nurse Aides 1/83 Reaffirmed 12/01	Mrs. Steele moved to support the position that nasogastric feedings by considered the responsibility of licensed nursing personnel, the Registered Nurse and Licensed Practical Nurse. Seconded by Dr. Kaplan.

POSITION STATEMENT BY THE BOARD

First Assistants RN
6/87
Reaffirmed 12/01

The Tennessee Board of Nursing believes the RN surgical first assistant is a category in which the RN functions in a role that is an extension of an M.D. surgeon or dentist and that the RN first assistant is performing a delegated medical function during surgical procedures.

It is therefore incumbent upon each health care agency to develop administrative, medical, nursing and legal guidelines under which the RN first assistant functions. These guidelines should consider but not be limited to the following:

1. Consumer Protection.

2. Complexity of the procedure.

3. Consequences if operating physician becomes incapacitated during the procedure.

4. Ability of the RN first assistant to perform selected procedures in an emergency situation.

5. Presence or absence of another qualified M.D. within the agency at the time of the surgical procedure.

6. Jeopardy in which the license of the RN first assistant may be placed.

7. Degree of accountability requested by the agency of the RN first assistant.

8. Shortage of nursing personnel and degree to which using R.N.'s as first assistants affects total patient care within the agency.

9. Whether the RN is qualified by experience and education to perform tasks delegated by an M.D. surgeon or dentist.

To reiterate, we believe the RN first assistant is performing a delegated medical function during a surgical procedure.

The Board, in considering the entire perioperative period, takes the position that the pre and post operative instruction of client and family is a nursing function and is addressed in the Nurse Practice Act of the State of Tennessee.

Skilled Nursing Services Rendered by Unlicensed Personnel – Position 9/87 Reaffirmed 12/01	C. Conway-Welch moved and seconded by J. Jenkins that the insertion of a catheter into the bladder is a function of the licensed nurse – registered nurse or licensed practical nurse.

Committee to Study Scope of Practice for Nurses in Pre-Hospital Transport

J. Jenkins presented a report. The board accepted the following position by consensus:

Tennessee Board of Nursing

Position Statement Relative to Mobile Pre Hospital Emergency Medical Care

The practice of nursing in a pre hospital setting represents a specialty area of nursing practice requiring knowledge, skills and abilities different than that generally taught in a basic professional or practical nursing education curriculum.

It has been the practice of the Board of Nursing to recommend that the following criteria be met before activities requiring greater skill and knowledge than that obtained in the basic nursing curriculum be assigned to an individual:

(i) The person has had proper instruction and supervised practice in the procedure or activity.

(ii) The administration of the agency shall assume responsibility for developing written statements of policy regarding conditions under which the procedure or activity shall be performed.

(iii) The procedure or activity must be included in the licensed nurse's job description.

It is the opinion of the Tennessee Board of Nursing that any licensed nurse (R.N. or L.P.N.) practicing in a mobile pre hospital emergency medical care setting as defined by T.C.A.. 68-39-502(.16) should meet the following minimum criteria:

1. Current, active Tennessee licensure as an R.N. or L.P.N.

2. Tennessee certification as an Emergency Medical Technician.

The Board recommends that nurses working in pre-hospital settings be certified as an EMT IV and, where feasible, as an EMT-Paramedic.

Further, the Tennessee Board of Nursing could support a formal advanced placement credentialing process by the Emergency Medical Services Board for registered nurses with appropriate experience/education/training.

Peripherally Inserted Central Catheters (PICC)

J. Eads moved and J. O'Brien seconded to rescind the board's previous position relative to PICC lines and to find that as PICC has become a more prevalent nursing responsibility, it is appropriate to refer to the administrative rules relative to responsibility and the expanded role of the registered nurse.

7 – Yes
Carried

Adopted 12/91
Reaffirmed 12/01

POSITION STATEMENT

Title: Qualified Providers of Conscious Sedation

The AANA believes the safest administration of conscious sedation is provided by a professional, educated in the specialty of anesthesia and skilled in the administration of conscious sedation, monitored anesthesia care, regional and general anesthesia, providing his or her sole attention to the patient.

Conscious sedation may easily become deep sedation or loss of consciousness because of the agents used as well as the physical status and drug sensitivities of the patient. The administration of conscious sedation requires continuous monitoring of the patient and the ability to respond immediately to any adverse reaction or complication. Conscious sedation should only be provided by an individual who is qualified to select and administer the appropriate agents and who is capable of managing all anesthetic levels and potential complications including airway management, intubation and resuscitation.

Registered nurses have become increasingly involved in assisting physicians in providing conscious sedation. The American Association of Nurse Anesthetists has developed *AANA Considerations for Policy Guidelines for the Registered Nurse Engaged in the Administration of Conscious Sedation*, to provide guidance for policy development and to promote the quality and safety of patient care when conscious sedation is administered by persons who are not qualified anesthesia providers.

Considerations for Policy Guidelines for Registered Nurses Engaged in the Administration of Conscious Sedation

Introduction

Although the safest care for the patient receiving conscious sedation is provided by a qualified anesthesia provider, a large number of registered nurses are involved in the administration of conscious sedation. To promote safe care during conscious sedation and to address questions which have been raised by nursing organizations and health care institutions with respect to the necessary qualifications of registered nurses involved in this care, the American Association of Nurse Anesthetists suggests the following policy considerations. These considerations do not supersede or give the effect to more restrictive relevant laws, regulations, judicial and administrative decisions and interpretations, accepted standards and scopes of practice established by professional nursing organizations, or institutional policies applicable to registered nurses, which should be reviewed prior to the development of any conscious sedation policy.

Definition

Conscious sedation describes a medically controlled state of depressed consciousness that allows protective reflexes to be maintained. The patient retains the ability to independently maintain his or her airway and to respond purposefully to verbal commands and/or tactile stimulation. The American Society of Anesthesiologists (ASA) Task Force on Sedation and Analgesia has developed *Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists* which states "sedation and analgesia describes a state that allows patients to tolerate unpleasant procedures while maintaining adequate cardiorespiratory function and the ability to respond purposefully to verbal command and tactile stimulation. The Task Force decided that the term sedation and analgesia more accurately defines this therapeutic goal than does the more commonly used but imprecise term of conscious sedation. Those patients whose only response is reflex withdrawal from a painful stimulates are sedated to a greater degree than encompassed by sedation/analgesia".

Conscious sedation may easily be converted to deep sedation and the loss of consciousness because of the agents used and the physical status and drug sensitivities of the individual patient. The administration of conscious sedation requires constant monitoring of the patient and ability of the administrator to respond immediately to any adverse reaction or complication. Vigilance of the administrator and the ability to recognize and intervene in the event complications or undesired outcomes arise are essential requirements for individuals administering conscious sedation.

A. Qualifications

1. The registered nurse is allowed by state law and institutional policy to administer conscious sedation.

2. The health care facility shall have in place an educational/credentialing mechanism which includes a process for evaluating and documenting the individual's competency relating to the management of patients receiving conscious sedation. Evaluation and documentation occur on a periodic basis.

3. The registered nurse managing and monitoring the care of patients receiving conscious sedation is able to:

    a. Demonstrate the acquired knowledge of anatomy, physiology, pharmacology, cardiac arrhythmia recognition and complications related to conscious sedation and medications.

    b. Assess the total patient care requirements before and during the administration of conscious sedation, including the recovery phase.

    c. Understand the principles of oxygen delivery, transport and uptake, respiratory physiology, as well as understand and use oxygen delivery devices.

    d. Recognize potential complications of conscious sedation for each type of agent being administered.

    e. Posses the competency to assess, diagnose, and intervene in the event of complications and institute appropriate interventions in compliance with orders or institutional protocols.

    f. Demonstrate competency, through ACLS or PCLS, in airway management and resuscitation appropriate to the age of the patient.

4. The registered nurse administering conscious sedation understands the legal ramifications of providing this care and maintains appropriate liability insurance.

B. Management and Monitoring

Registered nurses who are not qualified anesthesia providers may be authorized to manage and monitor conscious sedation during therapeutic, diagnostic or surgical procedures if the following criteria are met. These criteria should be interpreted in a manner consistent with the remainder of this document.

1. Guidelines for patient monitoring, drug administration, and protocols for dealing with potential complications or emergency situations, developed in accordance with accepted standards of anesthesia practice, are available.

2. A qualified anesthesia provider or attending physician selects and orders the agents to achieve conscious sedation.

3. Registered nurses who are not qualified anesthesia providers should not administer agents classified as anesthetics, including but not limited to Ketamine, Propofol, Etomidate, Sodium Thiopental, Methohexital, Nitrous oxide and muscle relaxants.

4. The registered nurse managing and monitoring the patient receiving conscious sedation shall have no other responsibilities during the procedure.

5. Venous access shall be maintained for all patients having conscious sedation.

6. Supplemental oxygen shall be available for any patient receiving conscious sedation, and where appropriate in the post procedure period.

7. Documentation and monitoring of physiologic measurements including but not limited to blood pressure, respiratory rate, oxygen saturation, cardiac rate and rhythm, and level of consciousness should be recorded at least every 5 minutes.

8. An emergency cart must be immediately accessible to every location where conscious sedation is administered. This cart must include emergency resuscitative drugs, airway and ventilatory adjunct equipment, defibrillator, and a source for administration of 100% oxygen. A positive pressure breathing device, oxygen, suction and appropriate airways must be placed in each room where conscious sedation is administered.

9. Back-up personnel who are experts in airway management, emergency intubations, and advanced cardiopulmonary resuscitation must be available.

10. A qualified professional capable of managing complications which might arise is present in the facility and remains in the facility until the patient is stable.

11. A qualified professional authorized under institutional guidelines to discharge the patient remains in the facility to discharge the patient in accordance with established criteria of the facility.

Adopted by AANA Board of Directors May, 1988
Revised April, 1991
Revised June, 1996

Accepted by the Tennessee Board
of Nursing June 1999, December 2001

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TENNESSEE BOARD OF NURSING

POSITION STATEMENT

MARCH 1999

REAFFIRMED DECEMBER 2001

ABANDONMENT OF PATIENTS

Inquiries have been received by the Tennessee Board of Nursing (TBN) regarding which actions by a nurse constitute patient abandonment and thus may lead to discipline against a nurse's license.

For patient abandonment to occur, the nurse must:

a) Have first **accepted** the patient assignment, thus establishing a nurse-patient relationship, and then

b) **Severed** that nurse-patient relationship without giving reasonable notice to the appropriate person (e.g., supervisor, patient) so that arrangements can be made for continuation of nursing care by others.

A nurse-patient relationship begins when responsibility for nursing care of a patient is accepted by the nurse.

Refusal to accept an assignment or a nurse-patient relationship is not considered patient abandonment by the TBN. Failure to notify the employing agency that the nurse will not appear to work an assigned shift, and refusal to work additional hours or shifts would also not be considered patient abandonment by the TBN. Once the nurse has accepted responsibility for nursing care of a patient, severing of the nurse-patient relationship may lead to discipline of a nurse's license.

The licensed nurse who follows the above policy statement will not be considered to have abandoned the patient for purposes of board disciplinary action. However, it should be noted that the board has no jurisdiction over employment and contract issues.

Adapted from the California Board of Registered Nurses.

7 – yes
Carried

POSITION STATEMENTS BY THE BOARD

State Constructed Exams 10/81 Reaffirmed 12/01	Mrs. Manley moved not to accept state constructed licensure examinations as a basis for licensure by endorsement in Tennessee.

TENNESSEE BOARD OF NURSING INTERPRETATION OF LICENSED PRACTICAL NURSE PRACTICE

The following response to questions about practice are based on the Tennessee Nurse Practice Act, The Administrative Rules of the Board of Nursing, longstanding policy of the Board and the current standard of care in Tennessee.

1. When Licensed Practical nurses engage in activities that require greater skill and knowledge than that obtained in the basic licensed practical nurse curriculum, e.g., performing physical assessment, starting intravenous infusions, etc, what law, rules and policy apply?

   Response: Rule 1000-2-.04 Discipline of Licensee, Unauthorized Practice of Practical Nursing…reads in part:

   (3)(a) Responsibility. Each individual is responsible for personal acts of negligence under the law. Licensed practical nurses are liable if they perform delegated functions they are not prepared to handle by education and experience and for which supervision is not provided. In any patient care situation, the licensed practical nurse should perform only those acts for which each has been prepared and has demonstrated ability to perform, bearing in mind the individual's personal responsibility under the law.

   (b) The Board acknowledges that licensed practical nurses have knowledge and preparation in nursing, but not to the extent required of registered nurses. The Board recognizes that licensed practical nurses engage in activities that require greater skill and knowledge than that obtained in the basic license practical nurse curriculum. It is the intent and purpose of these rules that the licensed practical nurses only perform additional activities to the extent that the activity is related to the underlying scientific principles in the basic practical nurse curriculum.

   (c) Before performing activities requiring greater skill and knowledge, the following criteria must be met.
   1. The education or inservice shall be related to the underlying scientific principles contained in the basic practical nurse curriculum;
   2. The individual shall have appropriate continuing education in the procedure or activity; and
   3. The individual must demonstrate competency in the practice.

Further, the Board has adopted rules that offer further clarification on this issue. **Rule 1000-2-.11 Standards of Nursing Practice for the Licensed Practical Nurse** states:

(a) Standards Related to the Licensed Practical Nurse's contribution to and Responsibility for the Nursing Process-The Licensed Practical Nurse shall:
   1. Contribute to the nursing assessment by collecting, reporting and recording objective and subjective data in an accurate and timely manner.
   2. Participate in the development of the plan of care/action in consultation with a Registered Nurse…
   7. Contribute to the evaluation of the responses of individual or groups to nursing interventions and participate in revising the plan of care where appropriate.

POLICY

It is apparent from these rules the interpretation of the standard of care for the licensed practical nurse in terms of assessment is that the individual is not prepared educationally in the basic vocational program with the requisite scientific skills to expand his or her practice to assessment of patients, formulation of a plan of care, or evaluation of the plan of care developed by the registered nurse. The licensed practical nurse, as evidenced by these rules, is a valuable member of the health care team whose role is to contribute to the nursing assessment, participate in the development of the plan of care and contribute to the evaluation of the plan of care developed by the registered nurse.

2. Is it acceptable practice for a Registered Nurse or Licensed Practical Nurse to alter a physician's order for medication or treatment without his or her consent? If so, explain.

   Response: No.

   T.C.A. 63-7-115 Grounds for denial, revocation or suspension of certificate or license states:
   (a)(1) The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a license upon proof that the person:
   (F) Is guilty of unprofessional conduct.

   Unprofessional conduct is defined in **Rules 1000-1-.13 and 1000-2-.13**, which state in part:
   (1) Unprofessional conduct, unfitness, or incompetency by reasons of negligence, habits or other causes, as those terms are used in the statute, is defined as, but not limited to, the following:
   (u) Engaging in acts of dishonesty which relate to the practice of nursing.

POLICY

It would constitute unprofessional conduct, and violate the Nurse Practice Act, for a nurse to alter an order for medication or treatment without a specific order from the physician to do so. Withholding a medication for cause (e.g. patient experiences a side effect), while contacting the physician, is not considered altering a medication order.

3. According to the Tennessee Board of Nursing, Division of Health Related Boards, Chapter 1000-2-.04, Rules and Regulations of Licensed Practical Nurses, supervision by a Registered Nurse, Physician or Dentist is required for the Licensed Practical Nurse. What constitutes supervision under these Rules?

   Response: Rule 1000-1-.11(20) Registered Nurses and Rule 1000-2-.11(19) Licensed Practical Nurses define supervision as:

   > Supervision: Means overseeing or inspecting with authority. The basic responsibility of the individual nurse who is required to supervise others is to determine which of the nursing needs can be delegated safely to others, and whether the individual to whom the duties are entrusted must be supervised personally.

POLICY

The Board generally interprets "overseeing with authority" as requiring on site supervision. This is especially appropriate in the case of the LPN where the Nurse Practice Act specifically requires supervision by the physician, dentist or registered nurse (T.C.A. 63-7-108).

4. How frequently must the supervisory visits occur (for nurses working in the field)? How is the supervision conducted, i.e., on site, direct observation, records review, individual conference and/or all of the above? What are the documentation requirements to validate that the supervision occurred?

POLICY

Response: As in the above response, the supervising nurse has the responsibility to determine the frequency and kind of supervision. As guidance, the Board would suggest all manner of supervision listed in the question as appropriate forms of supervision. Documentation must accurately reflect the supervision, provided in detail sufficient to provide an accurate picture of the competence of the individual supervised. <u>It should be factual</u>.

5. Is it an accepted practice for a Licensed Practical Nurse to be appointed as an agency Director of nursing with responsibility for supervising other Licensed Practical Nurses? If so, explain.

   Response: No. Licensed practical nursing is defined in **T.C.A. 63-7-108**, which states: The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

POLICY

These provisions in the law requiring supervision, and articulating that practical nurses do not have the legal authority to either determine the acts of nursing performed or to perform all of the acts included in nursing practice, are inconsistent with licensed practical nurses serving as Directors of nursing. It is appropriate for a LPN to supervise unlicensed personnel performing selected nursing acts within the LPN's scope of practice.

6. Is it acceptable practice for a Registered Nurse or Licensed Practical Nurse to prescribe/apply oxygen without a physician's order, even in an emergency situation? If so, explain.

   Response: **T.C.A. 63-7-103 Practice of Professional Nursing** reads as follows:

   (a)(1) "Practice of professional nursing" means the performance for compensation of any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral and nursing sciences, and the humanities, as the basis for application of the nursing process in wellness and illness care.

(2) "Professional nursing" includes:
(D) Administration of medications and treatments as prescribed by a licensed physician, dentist podiatrist or nurse authorized to prescribe pursuant to 63-7-123; (emphasis added)
(F) Nursing management of illness, injury or infirmity including identification of patient problems.
(b) Notwithstanding the provisions of subsection (a), the practice of professional nursing does not include acts of medical diagnosis or the development of a medical plan of care and therapeutics for a patient, except to the extent such acts may be authorized by §§ 63-1-132, 63-7-123, and 63-7-207.

Further, the definition of practical nursing as defined in **T.C.A. 63-7-108** states: The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

POLICY

As emergency situations are expected in the practice of nursing, it is incumbent upon the licensed registered nurse to ensure that standing orders are available to cover both RN and LPN actions for all foreseeable emergencies based upon the health care setting and client population.

7. Are there any specific tasks that the Board of Nursing has ruled that it is improper for a licensed practical nurse to perform?

POLICY

The Board has taken the position that it is beyond the scope of practice for an LPN to be delegated the following tasks: administration of IV push medications, blood or blood products, experimental drugs or intravenous chemotherapeutic agents. It is not within the scope of LPN practice to insert PIC lines or central lines.

ADOPTED APRIL 24, 2002

TENNESSEE BOARD OF NURSING
POLICY STATEMENT

The Tennessee Board of Nursing adopts the following policy to permit non-nurse students enrolled in NLN accredited professional nursing schools conferring a master's degree as the first professional degree in nursing to write the examination for licensure as registered nurses upon successful completion of the generalists nursing curriculum but prior to the completion of the master's degree in nursing:

Non-nurse students in NLN accredited professional nursing schools conferring a master's degree as the first professional degree, may be eligible to write the licensure examination upon successful completion of the generalist nursing curriculum and nine semester credits or quarter credit equivalents of the specialist curriculum but prior to the completion of the master's degree in nursing.

Documentation must be on file with the Board that the school's generalist nursing curriculum meets the requirements of the professional nursing curriculum as set forth in the administrative rules of the Tennessee Board of Nursing at Rule 1000-1-.09 (2)(a)(b)(c).

If a professional nursing curriculum as set forth at Rule 1000-1-.09 (2)(a)(b)(c) does not end in a degree or diploma, it must be part of an additional program of studies beyond the generalist nursing curriculum which leads to a first professional degree in nursing and which is approved by the Board.

A master's degree shall be defined as follows:

A program of specialist nursing studies leading to a master's degree conducted by an education unit which is an integral part of a senior college or university.

A program of generalist nursing and specialist nursing studies leading to a master's degree in nursing and preparing for initial licensure conducted by an educational unit which is an integral part of a senior college or university.

Further the board voted to amend this policy on a temporary basis for two years. The board requests that the schools in the state affected by this policy review the usefulness of the added clause (requiring nine graduate credits) and present a recommendation at the September 1991 board meeting as to the need to include this clause in the policy.

Adopted 9/89

Affirmed 9/91

Reaffirmed 12/01

POSITION STATEMENTS BY THE BOARD

Position – Regulation of Practice 6/86 Reaffirmed 12/01	B. Severyn moved and L. Jennings seconded that the Board of Nursing reaffirm its position that the Board of Nursing regulates the practice of nursing including the practice of nursing in expanded roles as nurses practice within the definition of nursing as outlined in T.C.A. 63-7-103 and 63-7-108.

Position Statement
Regulation of a Profession
9/88
Reaffirmed 12/01

J. Jenkins moved and seconded by C. Conway-Welch to adopt the following position statement.

Tennessee Board of Nursing Position Statement
Relative to the Regulations of a Profession

Boards are charged to protect in the safety and health of consumers in Tennessee in cost-effective, cost-efficient and timely manner. The following concepts are relevant to the regulation of any profession:

The primary reason for the regulation of a profession is consumer protection.

Boards are charged to regulate the profession and protect the public.

Boards must have legal and investigative support services adequate to meet statutory requirements.

Boards should be individually self substaining with generated revenue allocated in such a manner as to sufficiently support the budgeted needs, and should have authority to set fees and levy fines.

Professions should be self regulatory with consumer representation and appropriate minority and senior citizen representation.

Practitioners of the profession know the standards of practice and procedures/policies within their own profession.

Action should be taken against boards that demonstrate little evidence of self regulation or action to protect consumers.

Boards should be provided with adequate numbers of professional staff who are state employees.

Boards should have adequate secretarial/clerical support.

Board members should be adequately compensated for their service to Boards.

Boards should be required to evaluate the services provided to consumers on a regular basis; and must be open to public scrutiny.

The following needs must be met in order for any board to carry out its responsibility to protect the health and safety of the public in a timely and cost-effective manner:

1. The executive director must be responsible for formulating and managing the budget for the assigned board, and must review timely budget information relative to revenue, expense and transaction reports on a monthly basis.

2. Professional and clerical support staff must be adequate.

3. Information must be provided to the board by the executive director relative to the timeliness of the disciplinary process as it moves from initial complaint filed with the board, through investigations, to the Office of General Counsel and to final disposition. This will prevent the continued practice of unfit practitioners.

4. Additional laws should not be passed that supersede board law in regard to scope of practice, disciplinary proceedings, licensing proceedings, school approval, assessment of fees, processing of licenses, etc.

5. Boards should be empowered to levy fines as part of the disciplinary process. Revenue should be earmarked for specific board projects and expenses.

6. Boards need the ability to communicate directly with every licensees on a quarterly basis regarding board actions; and to provide information necessary for continued safe practice and changing standards.

7. Modern data management and communication systems should be available to the board staff.

GUIDELINES FOR DISCIPLINARY ACTIONS
TO BE TAKEN BY THE BOARD OF NURSING

EFFECTIVE: March 7, 1997, Revised March 2001, September 2001, Reaffirmed December 2001

PURPOSE: The intent of these guidelines is to apply to persons already licensed. These may, but are not intended, to apply to initial licensure decisions where there has been full disclosure. Those guidelines are recommended to further improve the contested case process in two ways: (1) to facilitate faster resolution of cases by encouraging settlements and (2) to provide consistency in sentencing. If two or more violations of any nature are either found or agreed to have occurred, penalties may be administered concurrently or consecutively.

I. Guilty of Crime Cases: T.C.A. 63-7-115(B)

If either found by contested hearing or agreed order to have committed a **misdemeanor** within the last ten years in:	Disciplinary Action Guidelines would be:
1 instance*	Request court document verifying nature of crime and sentence imposed. Renew license.
2 to 3 instances	**Drug Related:** Assessment for chemical dependency, no restriction, PAP contract or equivalent, probation or revocation as indicated. **Not Drug Related:** a. No harm to the public (e.g., bad check) no discipline. b. Harm to public (e.g., assault, abuse) psychological evaluation, 2 years probation if consistent with recommendation of counselor, suspension up to revocation (for those awaiting or out of compliance with treatment plan.

4 or more instances	**Drug Related:** **Assessment for chemical dependency; plus** PAP contract or equivalent (e.g. agrees to treatment), or agreed order of probation (e.g. agrees to treatment and meets agreed order criteria), up to revocation (e.g. refuses treatment) **Not Drug Related:** No harm to public (e.g. bad check) letter of warning up to revocation plus Civil Penalty $250-$750 as indicated. Harm to public (e.g. assault, battery); Psychological assessment and follow up treatment; Probation (considered for those who have completed an assessment and are in compliance with a treatment plan); Suspension (6 months) up to Revocation; plus Civil Penalty $750.
If either found by contested hearing or agreed order to have committed a **felony** in:	Disciplinary Action Guidelines would be:
1 or more instances	**Drug Related:** Assessment for chemical dependency: plus Deny renewal until all court action completed (e.g. court probation, fines, parole); PAP contract or equivalent; probation up to revocation with Civil penalty minimum $1,000 (refuse treatment) **Not Drug Related:** No Physical Harm to the Public (e.g. forgery, embezzlement, fraud) Deny renewal until all court action completed (e.g. court probation, fines, parole); deny licensure if conviction falls within criminal conviction rules; probation up to revocation with civil penalty minimum of $250.00 Harm to the Public (e.g. murder, robbery, rape, sex abuse) Deny renewal and revoke license with civil penalty minimum $1,000.
*An instance may involve a spree of episodes such as shoplifting resisting arrest and assault.	

II. Incompetence Cases: T.C.A. 63-7-115(C), Rule 1000-1-13 and 1000-2-13;

Incidents of incompetence will be assigned a point value. Each incident of incompetence in which death of a patient occurs will either be assigned 4 or 5 points depending upon the facts of each case. Each incident of incompetence in which **permanent** injury of a patient occurs will either be assigned 3 or 4 points depending upon the facts of each case. Each incident of incompetence in which **serious but not permanent** injury to patient occurs will either be assigned 2 or 3 points depending upon the facts of each case. Each incident of incompetence in which either no injury or minor injury to patient occurs will either be assigned 1 or 2 points depending upon the facts of each case.

If either found by contested hearing or agreed order to have engaged in incompetence in which the total accumulated points are:	Disciplinary Action Guidelines would be:
1 point	Warning Letter of Informal Settlement up to 1 year Probation.
2 points	Probation (up to 2 years) up to Suspension (3 months); plus Civil Penalty up to $500.
3 points	Probation (up to 3 years) up to Suspension (3 months); plus Civil Penalty $500 to $1,000.
4 points	Suspension (3 months) up to Revocation; plus Civil Penalty $1,000 to $2,000.
5 or more points.	Revocation plus Civil Penalty $2,000 minimum.

III. Unprofessional Conduct Cases: T.C.A. 63-7-115(F), Rule 1000-1-13 and Rule 1000-2-13

A. Incidents of unprofessional conduct except as provided in III B below will be assigned a point value. Each incident of unprofessional conduct where physical abuse (resulting in physical or psychological injury) occurs will either be assigned 3 or 4 points depending on the facts of each case. Each incident of unprofessional conduct where physical abuse (**not resulting in physical or psychological injury**) occurs will either be assigned 2 or 3 points depending on the facts of each case. Each incident of unprofessional conduct in which verbal abuse or stealing occurs will be assigned 1 point.

If either found by contested hearing or agreed order to have engaged in unprofessional conduct in which the total accumulated points are:	Disciplinary Action Guidelines would be:
1 point	Warning Letter of Informal Settlement up to 1 year Probation.
2 points	Probation (up to 3 years) up to Suspension (3 months); plus Civil Penalty $250 to $500.
3 points	Suspension (3 months) up to Revocation; plus Civil Penalty $500 to $1,000.
4 points	Suspension (6 months) up to Revocation; plus Civil Penalty to $1,000 to $2,000.
10 or more points	Revocation plus Civil Penalty $2,000 to $3,000.

Unprofessional Conduct Cases: T.C.A. 63-7-115 and Rule 1000-1-.13(r) and Rule 1000-2-.13(r), T.C.A. 63-7-134.

B. Incidents of unprofessional conduct involving the practice of nursing on a lapsed state license or beyond the period of a valid temporary permit.

Infraction	Disciplinary Action Guidelines would be:	
	RN	LPN
Practicing Nursing on a lapsed (expired) license (permit) less than six months.	Shall remit applicable renewal and reinstatement fees.	Shall remit applicable renewal and reinstatement fees.
Practicing Nursing on a lapsed (expired) license (permit) six months or longer.	RN a. Shall remit applicable renewal and reinstatement fees. b. Shall remit a civil penalty of $100 per month for each month practiced on a lapsed license. c. License will not be reinstated until civil penalty is paid in full.	LPN a. Shall remit applicable renewal and reinstatement fees. b. Shall remit civil penalty of $75 per month for each month practice on a lapsed license. c. License will not be reinstated until civil penalty is paid in full.

IV. Impairment Cases: T.C.A. 63-7-115(C)(D)(F), Rule 1000-1-.13 and Rule 1000-2-.13

If either found by contested hearing or agreed order to have been impaired as a :	Disciplinary Action Guidelines would be:
First Time Offender	No injury to patient; Refer to Screening Panel. First offenders are offered a contract with PAP or equivalent regardless of the number of incidents of impairment. Injury to patient: Refer to Screening Panel. Contract with PAP or equivalent; up to an Agreed Order of Probation for eighteen months (or greater) is offered under standard terms.
Repeat Offender	May refer to Screening Panel. Repeat offenders are offered an Agreed Order of 9-12 months Suspension as indicated followed by Probation or Revocation based upon the facts of the case.

V. Fraud or Deceit in Application Cases: T.C.A. 63-7-115(A)

If misrepresentation found:	Disciplinary Action Guidelines would be:
If any misrepresentation occurs: A material misrepresentation, (e.g. failure to disclose discipline in another state, criminal conviction, falsification of credentials).	Suspension (3 months) up to Revocation plus Civil Penalty of $250.00 minimum. Revocation plus Civil Penalty of $500 minimum.

VI. Mental Incompetence Cases: T.C.A. 63-7-115(E)

If found:	Disciplinary Action Guidelines would be:
Mentally incompetent.	License Suspended until Board satisfied that nurse is mentally competent.

VII. Violation of Board Order Cases: T.C.A. 63-7-115(G)

If found in:	Disciplinary Action Guidelines would be:
Violation of Board Order.	Automatic Revocation plus Civil Penalty of $750 minimum. If violation of Agreed Order of Reprimand, probation may be considered.
Reinstatement Policy/Procedure	L. Viers moved and seconded by S. Herrin to adopt the revised reinstatement policy/procedure.

TENNESSEE BOARD OF NURSING

REINSTATEMENT POLICY

Those nurses who have practiced nursing on a lapsed license (permit) for a period of less than six months will be renewed and reinstated administratively. Those nurses practicing nursing on a lapsed license (permit) for a period of six months or longer shall be referred to the Office of General Counsel for disciplinary action.

PROCEDURE FOR RENEWAL AND REINSTATEMENT OF NURSING LICENSURE IN THE SITUATION OF WORKING ON A LAPSED LICENSE (PERMIT)

	Category	Documentation	Review and Approval
1)	Practiced nursing on a lapsed license (permit) less than six months.	Renewal, reinstatement application reveals employment in nursing without a license for less than six months.	Executive Director/Nursing Consultant
2)	Practiced nursing on a lapsed license (permit) six months or longer.	Renewal, reinstatement application reflects employment in nursing without a license six months or longer.	Executive Director/Nursing Consultant A. Do not renew/reinstate. B. Issue verification letter permitting practice until disposition of case. C. Forward to OGC for disposition.

Adopted March 7, 1997
Revised March 1, 2001

TENNESSEE BOARD OF NURSING
CRIMINAL CONVICTIONS

CONVICTION	PROCEDURE/DOCUMENTATION	REVIEW AND APPROVAL
I. Category No. 1*		
A. 1 or more misdemeanors (not drug related).	Certified true copy of conviction or Board action. The conviction information may be obtained through the county or federal courthouse where the conviction occurred, self letter explaining conviction.	Executive Director or Nursing Consultant(s) and/or consulting with Board's Attorney.
B. 1 drug related misdemeanor.		
C. 1st offense D.U.I.		
D. Felony (occurred 10 years prior to application).		
II. Category No. 2:*		
A. 2 or more D.U.I.'s	Certified true copy of conviction or Board action. The conviction information may be obtained through the county or federal courthouse where the conviction occurred.	A. Professional Staff Committee (consulting with Board's Attorney as needed).
B. 2 or more drug related convictions.	Personal biography letter describing offense, nursing education, family circumstances, other significant personal information. Attorney letter, if represented.	B. Tennessee Board of Nursing/ Screening Panel

CONVICTION	PROCEDURE/DOCUMENTATION	REVIEW AND APPROVAL
C. Felony (occurred within 10 years of application).	Work history and dates of employment, name of employer and supervisor, address	

of employer, phone number. Gaps in employment should be accompanied by an explanation. Employer references last 10 years/or since conviction/Board action.

Personal references, if desired by applicant.

Probation officer reports, if applicable.

Mental health report, if applicable.

Recommendation(s) from Dean/Director of Nursing Program.

Any other information pertinent to the situation.

*Convictions may be referred directly to the Board/Screening Panel.

Reinstatement Procedure
March 1996 – Adopted
March 1998 – Affirmed
March 1999 – Reaffirmed
June 1999 – Reaffirmed
December 2001 - Reaffirmed

TENNESSEE BOARD OF NURSING

POSITION STATEMENTS BY THE BOARD OF NURSING

This policy is a clarification of positions adopted by the board March 1994.

1. If a nurse's license has been revoked for drug related offenses, the board will require a minimum of two years documented sobriety prior to consideration of reinstatement of licensure.

2. If a nurse's license has been revoked for other than a drug related offense, the board will require a minimum of one year post revocation prior to consideration for reinstatement.

3. If a nurse's license has been suspended for a drug related offense, the order will include a provision for consideration of probation provided the nurse is compliant with the suspension order.

4. If a nurse's license has been suspended for other than a drug related offense, the order will include a requirement for appropriate documentation of compliance of the original order and a provision for future modification or limitation of the license.

5. When revoking licensure, the board may recommend a time frame prior to granting reinstatement of licensure.

6. If a nurse applies for licensure by endorsement or renewal and has a license which is currently under revocation, suspension or probation in another state or jurisdiction, the applicant will not be eligible for licensure or relicensure in Tennessee until such time that the action in the other state/jurisdiction is clear.

7. If a license has been revoked or suspended two or more times, the board may make a recommendation in the order that the license not be reinstated.

8. Agreed Orders of the Board will contain language that provide for summary suspension of licensure upon non-compliance of the order.

9. If a nurse's license has been revoked for a criminal offense(s), the board will require the nurse to provide evidence from the court that all sentences and probation requirements have been completed. This policy also applies to individuals seeking licensure by endorsement, examination and renewal.

10. If a nurse applies for renewal of licensure and has been convicted of a category 2 crime since the last renewal, the board staff will deny renewal of licensure and request the individual to appear before the Professional Staff Committee for licensure recommendation.

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